

EWING TOWNSHIP POLICE DEPARTMENT  
EMERGENCY SERVICES REGISTRATION

REGISTRATION NUMBER: 000000	DATE:	RECEIVED BY:
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<input type="radio"/> BUSINESS <input type="radio"/> RESIDENCE    ( CHECK ONE )	PLEASE DO NOT WRITE IN SHADED BOXES
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Name:	Home Phone: (    )    -
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Address:	Apt:	Business Phone:                      Ext. (    )    -
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City:	State:	Zip:	Other: (    )    -
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Primary Contact Person:	Business Phone:                      Ext. (    )    -
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Business Owner:	Home Phone: (    )    -
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Address:	Apt:	Position:
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City:	State:	Zip:	Will Key Holders Respond ? <input type="radio"/> YES <input type="radio"/> NO
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CORPORATE OFFICER / RESIDENT RESPONSIBLE TO REMIT PENALTY FEES:

Print Name	Title	Signature (Required)

LOCATION TYPE: ( CHECK ONE )

<input type="radio"/> Government Building	<input type="radio"/> Residence	<input type="radio"/> School
<input type="radio"/> Bank	<input type="radio"/> Commercial	<input type="radio"/> Other _____

TYPE OF ALARM SYSTEM: ( CHECK ALL THAT APPLY )

<input type="radio"/> Burglar	<input type="radio"/> Medical	<input type="radio"/> Temperature
<input type="radio"/> Holdup	<input type="radio"/> Fire	<input type="radio"/> High Water
<input type="radio"/> Panic	<input type="radio"/> Fire Waterflow / Sprinkler	<input type="radio"/> Other: _____

LOCATION OF ANNUNCIATOR PANEL / ENTRY KEY PAD / KNOX BOX:

ALARM SERVICE COMPANY:

Address:	Phone: (    )    -
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City:	State:	Zip:	Phone ( Other ): (    )    -
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EMERGENCY CONTACT PERSON(S) - ( 24 HOUR PHONE )

		KEY	
		YES	NO
1)	Name: _____ Phone: (    )    - _____	0	0
2)	Name: _____ Phone: (    )    - _____	0	0
3)	Name: _____ Phone: (    )    - _____	0	0

MEDICAL / OTHER PERTINENT INFORMATION: \_\_\_\_\_

MISCELLANEOUS:

	YES	NO		YES	NO
Hazardous Materials Stored:	<input type="radio"/>	<input type="radio"/>	Guard on Duty:	<input type="radio"/>	<input type="radio"/>
Firearms on Premises:	<input type="radio"/>	<input type="radio"/>	Dog(s) on Premises:	<input type="radio"/>	<input type="radio"/>

Information contained on the registration form is CONFIDENTIAL and is for OFFICIAL USE ONLY

-- Blocks that apply must be COMPLETED --